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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration OR
Submitted
with Initial Filing

☐ Declaration
Submitted after
Initial Filing

Attorney Docket Number	PLI-806
First Named Inventor	Richard Schweder
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

POWER SUPPLY ASSEMBLY

(Title of the invention)

the specification of which

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.


Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

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DECLARATION				Page 2	
<p>I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.</p>					
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)		
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.					
<p>As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</p>					
Name	Registration Number	Name	Registration Number		
<input type="checkbox"/> Additional registered practitioner(s) named on a supplemental sheet attached hereto.					
Direct all correspondence to:					
Name	Albert C. Cota				
Address	5460 White Oak Ave., A-331				
Address	5460 White Oak Ave., A-331				
City	Encino	State	CA	ZIP	91316
Country	U.S.A.	Telephone	(818) 368-4332	Fax	(818) 368-4332
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
<p>Name of Sole or First Inventor: <input type="checkbox"/> A petition has been filed for this unsigned inventor</p>					
Given Name	Richard	Middle Initial		Family Name	Schweder
Inventor's Signature				Date	1/20/01
Residence: City	Powell	State	OH	Country	U.S.A.
Post Office Address	260 Shalebrook Drive				
Post Office Address	260 Shalebrook Drive				
City	Powell	State	Ohio	Zip	43065
				Country	U.S.A.
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Claus			Middle Initial		Family Name		Zimmermann		Suffix e.g. Jr.		
Inventor's Signature		<i>Claus Zimmermann</i>						Date		2/5/2001			
Residence: City		Newbury Park			State		CA		Country		USA		
Post Office Address		1000 Business Center Circle, Suite 107 Thousand Oaks Business Center											
Post Office Address		1000 Business Center Circle, Suite 107 Thousand Oaks Business Center											
City		Newbury Park			State		CA		Zip		91320		
Country		USA		Applicant Authority									
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name					Middle Initial		Family Name				Suffix e.g. Jr.		
Inventor's Signature								Date					
Residence: City					State				Country		Citizenship		
Post Office Address													
Post Office Address													
City					State				Zip				
Country				Applicant Authority									
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name					Middle Initial		Family Name				Suffix e.g. Jr.		
Inventor's Signature								Date					
Residence: City					State				Country		Citizenship		
Post Office Address													
Post Office Address													
City					State				Zip				
Country				Applicant Authority									
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name					Middle Initial		Family Name				Suffix e.g. Jr.		
Inventor's Signature								Date					
Residence: City					State				Country		Citizenship		
Post Office Address													
Post Office Address													
City					State				Zip				
Country				Applicant Authority									
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto													

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